

CONSUMER PRODUCT INCIDENT REPORT

22 SEP 1987

1. Name of Respondent Carolyn MacAllaster	2. Telephone No. (Home) 502-239-6354 (Work) none
3. Street Address 6508 Ridgecliff Rd.	4. City, State, Zip Code Louisville, KY 40228

5. Give details of accident, injury, or illness. Describe how incident occurred. (Use reverse side if necessary.)

Complainant used this baking dish for the first time. She used it on "medium" heat in the microwave oven and then washed it for the first time in the dishwasher. The next morning, when the dish was cool, she took the baking dish out of the dishwasher and started to carry it across the room. The dish shattered into hundreds of small pieces, some of which flew 10 to 15 feet. If a child had been standing nearby, the child could have been injured.

6. If injury or illness: Victim's Name no injury Relationship N/A

Age Sex Date 8/87 Type Injury N/A

Body Part Involved Treatment

7. Description of Product glass baking dish	Purchased: 6/87	8. Was the product: Damaged before incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Repaired before incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Repaired after incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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9. Brand Name Anchor-Hocking	10. Identifying Numbers, Letters, etc. baking dish -- 9 x 13 inches dimensions
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11. Manufacturer's Name and Address Anchor-Hocking 109 N. Broad St. Lancaster, OH 43132	12. Dealer's Name and Address Anchor-Hocking Shop Indian Trail Shopping Trail Louisville, KY 40213
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13. How product acquired? Purchased New <input checked="" type="checkbox"/> Second Hand <input type="checkbox"/> Other <u> </u>	14. Age of Product 2 months
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15. Is product available for inspection? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> all pieces have been saved Other <u> </u>	16. Does product have warning labels or instructions? Are they available? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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17. Have you contacted the manufacturer? If not, do you plan to contact them? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	18. Do you object to the use of your name? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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FOR ADMINISTRATIVE USE ONLY

19. Received Office <i>[Signature]</i>	20. Date Received 9/15/87	21. Received by <i>[Signature]</i>	22. Reporting Office
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23. Source of Report Letter <input type="checkbox"/> Phone <input type="checkbox"/> Visit <input type="checkbox"/> Other <u> </u>	24. Document No. H 791819
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25. Follow-Up Action MFR/PRVLR NOTIFIED <u>7/7/87</u> No Comments made <u> </u> Comments attached <u> </u> Excisions/Revisions <u> </u> Firm has not responded <u> </u>	26. Product Code(s) A. 0461 B. <u> </u>
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27. EPDS	28. Distribution
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29. Endorser's Name/Title



U.S. CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, D.C. 20207

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

RECEIVED

'87 SEP 28 P1:48

NAT'L INJURY
CLEARINGHOUSE
CPSC

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Carolyn MacAllister Sept 28
Signature Date

☐

Do not release my name.

☐

You may release my name to the manufacturer but not to the general public.

☒

You may release my name to the manufacturer and to the general public.

H/9